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(Requestor's Name)	-1 1	MUM
(Address)	-	
(Address)	•	
(City/State/Zip/Phone #)	.	
PICK-UP WAIT MAIL		
(Business Entity Name)	•	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	FILED
	500P JNN 1d 15 H: 1d
SUBJECT: Aventura Land Trust, LLC	,
	SECRETARY OF STATE MILLARIASSEE, FLORIDA
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Gany Ian Noshitt Eag	
Gary Ian Nesbitt, Esq. (Name of Person)	
Fromberg, Perlow & Kornik, P.A.	<u></u>
(Firm/Company)	•
18901 NE 29th Avenue, Suite 100	
(Address)	
Aventura, Florida 33180	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	•
	t (305) 933-2000 ext 134
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	Aventura Land Trust, LLC 2006 JUN 19 P 4: 19
2. The mailing address of the limited liability com	pany is: 3624 Estate Oak Circle FtDEauderdale,
Florida 33312	- TIMOSCE, FLORIDA
14 45 200	
March 15, 2006	L06000027595
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
Hoffman Levy Ben	igio & Gerber PL
	Vame

Address
Hollywood, Florida 33312
City, State and Zip

6. The name and address of the new registered agent and/or office:

Dade County Corporate Agents, Inc.

Name

18901 NE 29th Avenue, Suite 100

Florida street address (P.O. Box NOT acceptable)

Aventura FL 33180

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00